page 1 of 19

Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Rep	ort Filed I ark X)		ite	Committee	<u>, </u>	Lobbyist
Name of Filing Committee, Cand Lobbyist	idate or	10	s of Lis	a Ferrick			
Street Address	(함, 역)수 되는 이 사용하다.		Clourk F				
city Enie			State	PA	Zip Code	16510	<u> </u>
Type of Report (Place x under rep	ort type)	_	-				
1- 6 th Tuesday 2- 2 nd Friday 3- Pre-Primary Pre-Primary Pr		Tuesday Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	- massage and applications of the control of the co		X				
Date Of Election (MM/DD/YYYY)	101/2017 Yea		2017	Amendment Report		Termination Report	
	rom Date	To Date			For	Office Use Only	
Ol	6/06/2017		3/2017				
A. Amount Brought Forward Fron		79:	3,21		<u> </u>	5	
B. Total Monetary Contributions (From Schedule I)		5,70	08.65			THE PARTY NAMED IN COLUMN	;))
C. Total Funds Available (Sum of Lines A and B)	8	6.50	1.86			캠트 -	,)
D. Total Expenditures 8 (From Schedule III)							
E. Ending Cash Balance §		4,344.27					TF
(Subtract Line D from Line C)	2,19	57.59	OCT 27 PM 2: 12 ER REGISTRATION				
F. Value of In-Kind Contributions (From Schedule II)	Received 8	57.0	60			2 7	5
G. Unpaid Debts and Obligations (From Schedule IV)	8	 	50.00				
The state of the s			Affidavit Sec	tion		<u> </u>	
Part 1- If this is a Committee report, tr I swear (or affirm) that this report, incl	easurer sign here. If t	his is a Can	didate report, car	ndidate sign here.	o and half-the		
Sworn to and subscribed before me thi	is	modales ()	r paper, is to the t	Pest of my knowledg	' <	ie, correct and complet	e.
27 day of Cotols	(20/7/	1		Du a	Mour	\bowtie	
Michelle	Honde	, 	اً ا	Signature o	f Person Subml	tting report	
Signetiamonwealth	OF PENNSYLVANIA		()		Printed Name		
My Commisside expires NOTARI	AL-SEAL		7	5141		<u> 182168</u>	_
MARSURCREEK TI	E GONDA YR. PUBLIC WP FRIE COUNTY			ea Code	Dayt	ime Telephone Number	1
Part II- If this is a re pty Communication I swear (or affirm) that to the best of m	real Morraed Commi	tte), candi	date shall sign he tical committee h	re. as not violated any	provisions of th	e Act of June 3, 1937 (F	.L. 1333. NO.320) as
amended.		156				, ,	.,,
Sworn to and subscribed before me this	S .				0	د	
27 day of XItabio	20 179	. 1		7150	h ter	nelt	_
-///1/h//e	Hollela	, .	/	2+5%	ture of Candida	1 12°	
Signaturimonwealth	OF RENNSYLVANIA	- ,	-		rinted Name		
My Commission expires NOTARI	AL SEAL E GON OA	7		314		3-8051	_
Notary HARBORCREEK T	Public WP FRIE COUNTY		Ar	ea Code	Daytin	ne Telephone Number	
My Commission Ex	Pires May 26, 2019						

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	-	
1. Unitermized Contributions and Receipts-\$ 50.00 or Less per Contributor	i Gran	
Total for the reporting period (1)	\$	463.65
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	-0-
All Other Contributions (Part B)	8	1745,00
Total for the reporting period (2)	\$	1745.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	-0-
All Other Contributions (Part D)	8	3,500.00
Total for the reporting period (3)	8	3,500.00 3,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	S	-0-
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	S	5,708.65

Cover Page, Item B)

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification					
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	18 2
House #	Street Address	1		Date [MM/DD/YYYY]	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
					1.0 156 1.24
City	god a secretarid STR	State	Zip Code	Date [MM/DD/YYYY]	## ### ####
Full Name of Co Committee	ontributing		A STATE OF THE STA	Date [MM/DD/YYYY]	8
House #	Street Address	S		Date [MM/DD/YYYY]	**************************************
City		State	Zip Code		± 1.5 6 ± 2.5 ± 2
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	8.
House #	Street Address	S		Date [MM/DD/YYYY]	8.
City	rac prospania	State	Zip Code	**************************************	**************************************
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	8 1. (4 a
House #	Street Address	\$		Date [MM/DD/YYYY]	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	8 .
Full Name of Co Committee	ntributing	p. (2002).5	· Starties	Date [MM/DD/YYYY]	6
House #	Street Address	S		Date [MM/DD/YYYY]	8
City	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY]	38
Full Name of Co Committee	ontributing		e e e e e e e e e e e e e e e e e e e		\$ 17 8 17 8 17 8 18 8 18 8 18 8 18 8 18 8
House #	Street Address	19		Date [MM/DD/YYYY]	100 100
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	8 0.

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File	riden	tifical	ion	Miin	mer.	G
\$ 7				200		
100.0	William St.			Post		W
1	Mark M	100	ZACZ II	阿蒙尼	MAN.	ŧ.

Full Name of Contributor	Date IMM/DD/YYYM 188
Philip B. Friedman	
1 mily 5. Meanan	07/10/2017 100.00
Touse # Street Address	Date [MM/DD/XYYY] \$
17 West 10th Street	
では、	
	Date [MM/DD/YYYY] 8
Full Name of Contributor	Date [MM/DD/YYYY] 8
Barton L. Towell	
House # Street Address	07/28/2017 240.00
	Date [MM/DD/YYYY] \$
5727 Firman Road	[300.5]
Gity State Zin Code	
Ene PA 2000 16510	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
Joseph M. Hilbert	07/31/2017 250.00
House # Street Address	
210 Sheet Address	Date [MM/DD/YYYY] §
218 Frontier Drive	
City State Zip Code	/Date [MM/DD/YYYY] 3
Ene PA 16505	18.5.5.5.21.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
######################################	学芸芸 (2変形
Full Name of Contributor	Date [MM/DD/YYYY] \$
Full Name of Contributor	
Full Name of Contributor Amounda Lewle	08/04/2017 55.00
Full Name of Contributor Amanda Leule House # Street Address	
Full Name of Contributor Amanda Lewle House # Street Address G40 Fast Street	08/04/2017 55.00
Full Name of Contributor Amanda Leute House # 940 East Street City State 2 Zip Gode	08/04/2-017 55.00 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 East Street	08/04/2017 55.00
Full Name of Contributor Amanda Leute House # 940 East Street City State 2 Zip Code	08/04/2-017 55.00 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 East Street City Waterford State PA Zip Code Full Name of Contributor	08/04/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 East Street Gity Waterford PA Zip Code Full Name of Contributor Grant C. Travis	08/04/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 East Street City Waterford State PA Zip Code Full Name of Contributor Grant C. Travis House # Street Address	08/04/2017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 08/11/2017 250.00
Full Name of Contributor Amanda Leute House # 940	08/04/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 Street Address Gity Waterford PA Zip Code Full Name of Contributor Grant C. Travis House # 102 Loma Lane	08/04/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/11/2-017 2:50.00 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940	08/04/2017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 08/11/2017 250.00
Full Name of Contributor Amanda Leute House # 940 Street Address Gity Waterford State PA Zip Code Full Name of Contributor Grant C. Travis House # 102 Loma Lane City Edinboro State PA Zip Code City Gainboro State PA Zip Code City Edinboro Contributor City Edinboro Contributor	08/04/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/11/2-017 2:50.00 Date [MM/DD/YYYY] 8
Full Name of Contributor Amanda Leute House # 940 Street Address Gity Waterford PA Zin Code Full Name of Contributor Grant C. Travis House # 102 Lorna Lane City Edinboro State PA Zin Code City Gainboro State PA Zin Code City Edinboro Contributor City Edinboro	08/04/2-017 55.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 08/11/2-017 250.00 Date [MM/DD/YYYY] \$
Full Name of Contributor Amanda Leute House # 940 Street Address Gity Waterford PA Zin Code Full Name of Contributor Grant C. Travis House # 102 Lorna Lane City Edinboro State PA Zin Code City Gainboro State PA Zin Code City Edinboro Contributor City Edinboro	O8/O4/2-017 55.00 Date [MM/DD/YYYY]
Amanda Lewle House # 940 Street Address Gity Waterford FA Zip Code Full Name of Contributor Grant C. Travis House # 102 Loma Lane City Edinboro State PA Zip Code Contributor Cathleen M. Stine	O8/O4/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/11/2-017 250.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/21/17 100.00
Amanda Leyte House # 940 Street Address Gity Waterford State PA Zip Code Full Name of Contributor Grant C. Travis House # 102 Lorna Lane Gity Edinboro State PA Zip Code Cathleen M. Strine House # Street Address House # Street Address Street Address House # Street Address	O8/O4/2-017 55.00 Date [MM/DD/YYYY]
Amanda Lewle House # 940 Street Address Gity Waterford FA Zip Code Full Name of Contributor Grant C. Travis House # 102 Loma Lane City Edinboro State PA Zip Code Contributor Cathleen M. Stine	O8/O4/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/11/2-017 250.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/21/17 100.00
Full Name of Contributor Amanda Leute House # 940 East Street City Waterford Full Name of Contributor Grant C. Travis House # 102 Street Address 102 Loma Lane City Edinboro Full Name of Contributor Cathleen M. Stine House # 5709 Street Address Fairford Lane City Levice Street Address Fairford Lane City Street Address Fairford Lane	O8/O4/2-017 55.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O8/11/2-017 250.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O8/21/17 100.00 Date [MM/DD/YYYY] \$
Full Name of Contributor House # 940 Street Address Gity Waterford Full Name of Contributor Grant C. Travis House # 102 Street Address Loma Lane Gity Edinboro Full Name of Contributor Cathleen M. Stree House # 5709 Street Address Fairford Lane Gity Cathleen M. Stree Gity Street Address Fairford Lane Gity State Zip Code 16412	O8/O4/2-017 55.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/11/2-017 250.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 O8/21/17 100.00
Amanda Leute House # 940 Street Address City Waterford State PA Zip. Code 16441 Full Name of Contributor Grant C. Travis House # 102 Street Address 102 Lorna Lane City Edinboro State PA Zip. Code 16412 Full Name of Contributor Cathleen M. Strine House # 5709 Street Address Fairford Lane	O8/O4/2-017 55.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O8/11/2-017 250.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O8/21/17 100.00 Date [MM/DD/YYYY] \$

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Iden	ification Number:	
	的 情况的 克里斯特	

Full Name of Contributor	Date [MM/DD/YYYY] \$	- 48
Jill L. Cordes	00/20/2011	500.00
House # Street Address	Date [MM/DD/YYYY] 8	
2082 Kenilworth Avenue		
Los Angeles State CA Zip Code 90039	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] 3	
Jon L. Woodard	Collision .	100.00
House # 726 Street Address West 2nd Street, Apt 1	Date [MM/DD/YYYY] 8	
City Ene State PA Zip:Code 16507	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Eric Hackwelder	10/18/2017	250.00
House # Street Address	Date [MM/DD/YYYY] 3	
456 Street Address West Gore Road	14.00 (1.00	
City Erie State PA Zip Code 16509	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Eugene Strohmeyer	10/20/2017	200.00
House # 5906 Street Address Footmill Road	Date [MM/DD/YYYY] \$	
City Evie State PA Zip Code 16509	Date [MM/DD/YYYY] 8	
Full Name of Contributor	Date [MM/DD/YYYY] 8	
House # Street Address	Date [MM/DD/YYYY] 8	
	TOTAL PARAMETERS AND A	
City State Zip Code	Date [MM/DD/YYYY] \$	
	Date [MM/DD/YYYY] 8	
Full Name of Contributor	Date [MIMI/DD/III II] 1	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification Numbers			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contributing Committee	Bin 1 (2) 2 (4)	I A COMPANION STUDY, I	Date [MM/DD/YYYY] 8
House # Street Address			Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] 3
House # Street Address	State	Zip Codé	Date [MM/DD/YYYY] \$
City Eull Name of	JAIV		Date [MM/DD/YYYY] 8
Contributing Committee House # Street Address	 		Date [MM/DD/YYYY] 8
City City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 8

PART D All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:					 _	
	iler identification Number:		_			
		 		 		الكائم

<u> </u>	
Full Name of Contributor	Date [MM/DD/YYYY] 8
ArThur G. Stine	06/27/2017 500.00
House # Street Address 149 Belle Avenue	Date [MM/DD/YYYY] §
City State Zip Code	Date [MM/DD/YYYY] \$
Boalsburz PA 16827	Occupation D. I. I.
Employer Name Penn State University	Retired
Employer Mailing Address / University Park, PA	
Full Name of Contributor	Date [MM/DD/YYYY] \$
Cymhia M. Roelle	07/19/2017 250.00
House # Street Address	Date [MM/DD/YYYY] \$
8250 Dili Place	09/08/2017 250.00
City Dulles State VA Zip Code 20189	Date [MM/DD/YYYY] \$
業の実施を表現。 ・	Occupation A T COAS I
currently unemployed	ATTORNOY
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] 8
Lisa R. Ferrick	10/03/2017 2,000.00
House # Street Address	Date [MM/DD/YYYY] 3
3030 Clark Road	
City Ene State PA Zip Code 16510	Date [MM/DD/YYYY] \$
Employer Name currently unemployed	Occupation Attorney
Employer Mailing Address / ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	The controlled the sign of an initial con-
Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$
Marleen L. Bohrer	10/18/2017 500.00
House # Street Address	Date [MM/DD/YYYY] S
Marleen L. Bohrer House # 696 Street Address Invine Drive	
City 3	Date [MM/DD/YYYY] 8
Ene PA 16511	
Employer Name	Occupation Homemaker
Employer Mailing Address /	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification I	Number			
Full Name	FOR THE STATE STAT			
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date [MM/DD/YYYY] 8
			Code	
Receipt Descript	ion			
Full Name				
House #	Street Address	Page 115	ு அல்ல வுண்ண வ	Sheet THERESPRAADON AT A SI
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	lon		[178] [18] [18] [18] [18] [18] [18] [18] [1	Lange .
Full Name	a constant			
House #	Street Address			
City	Terrancia a concentration of	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	[803]
Full Name	THE PROPERTY OF THE PROPERTY O			
House #	Street Address		<u> </u>	
City	Programme in a second control of the second	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descript	ion.		等的看提多关键。 自由完使的影响的影响	
Full Name		<u> </u>		
House #	Street Address			
City §		State	Zip	Date [MM/DD/YYYY] 3
general de la companya de la company National de la companya de la compa	2.84		Code	
Receipt Descript	tion			
Full Name				
House #	Street Address	P. Marian 187	() = 1000 () of = 1000	PODICACOTRARA / DOVINDADA (CONTINUE)
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descrip	llon	. 1000, 250, 250	polynia skutenia Al	I Provid
na projektaten hal.	, and the profession of the second			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VA	VLUE OF \$50:00 O	UN LESS KER CUN LUBU I UN
TOTAL for the reporting period	(1)	8	-0-
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$ 50.0)1 TO \$ 250.00 (FR	ROM PART F)
TOTAL for the reporting period	(2)	\$	57.60
3 IN-KIND CONTRIBUTION RECE	SIVED-VALUE OVER \$ 25	i0.00 (FROM PAR)	RT G)
TOTAL for the reporting period	(3)	\$	- O
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)	ONS DURING THIS REPO	ORTING \$ also enter	57.60

schedule II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:							
SECURE AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS.	 		 	 	_		

	- NECTE CRACKET DOWN OVER THE TORK
Full Name of Contributor Amy Enickson	Date [MM/DD/YYYY] \$ 57.60
TURNING AND THE PROPERTY OF TH	Date [MM/DD/YYYY] \$
House # Street Address Belle Road	
City Harborcreek State PA Zip. Code 16421	Date [MM/DD/YYYY] \$
Description of Contribution candy for July 4th paracle	<u> ۱ + ۱ مهور</u>
Full Name of Contributor	Date [MM/DD/YYYY] 8
House # Street Address	Date [MM/DD/YYYY] \$
DOLLAR DE LA PROPERTIE DE LA P	Date [MM/DD/YYYY] \$
City State Zip Code	
Description of Contribution	1122 2021
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/XYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	
	Date [MM/DD/YYYY]
Full Name of Contributor	
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
City State Zip Code	HOW LIMITE FOR THE STATE OF THE
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 3
City State Zip Code	Date [MM/DD/YYYY] 3
Description of Contribution	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification !	Number:			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	NO.	ate	Zip Code	Date [MM/DD/YYYY] \$
City				Company of the Compan
Employer Name				Occupation Description
Employer Mailing Place of Business) Address / Principal			cof Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] 8
House#	Street Address			Date [MM/DD/YYYY] 3
City	SS	ate	Zip Code	Date [MM/DD/YYYY] 38
Employer Name		= 1018 to 2001	100)00	Occupation
Employer Mailin Place of Business	g Address / Principal S			Description of Contribution
Full Name of Cor	tributor	· .		Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City	mary and the second sec	tate	Zip Code	Date [MM/DD/YYYY]
		garini sa sa	Political for an extension of	Occupation
Employer Mailin Place of Busines	g Address / Principal s			Description Of Contribution
Full Name of Co	ntributor	,		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The control of the co	tate	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation Description
Employer Mailin Place of Busines	ng Address / Principal ss			of Contribution

Statement of Expenditures

File	- Irlan	tificat	ion Num	har:
10	1'84'05.bu	States	· · · · · · · · · · · · · · · · · · ·	Aires.
			学光建筑 。在	

	ate [MM/DD/YYYY] \$ 20.00
Borough of Wesleyville C	bolo8/2017 20.00 escription of Expenditure
■等線線線が作名 134 に発送が終端を発揮しています。 人 600 と 600 と 15場	belouille Community
City Wesleyville State PA Code 16510 W	estequille. Community Check#117
	07/03/2017 137.40
House # Street Address	escription of Expenditure
State	campaign t-shirts 118
To:Whom Paid	ate [MM/DD/YYYY] \$
Creative Imprints Systems o	8/04/2017 233.75 Description of Expenditure
HOUSE # 2670 Street address West 11th Street	
City Evie State PA Code 16506 C	ampaign 1 -snins 120
Towhom Paid	08/23/2017 1877.50
House # Street Address	Description of Expenditure
House # Ba35 Street Address Oliver Road City From State PA Code 16509 L	billboards-(1stpymt) check#
	Date (MM/DD/AYAY) 18 18
ECBAc	08/31/2017 35.00 Description of Expenditure
HOUSE # 200 Street Address 1, lest Nivin Street	
City Ene State PA Code 16002 E	ine Atty address lasels check#
To Whom Paid	Date [MM/DD/YYYY] 3 08/31/2017 35.00
House # Street Address	Description of Expenditure
State Zip	theck#
the Marie Code 16301	Date IMM/DD/YYYY
	09/08/2017 524.69
House # 540 Street Address West 18th Street	Description of Expenditure
· · · · · · · · · · · · · · · · · · ·	100 signs & posts check # 124
To-Whom Paid	Date:[MM/DD/YYYY] \$ 100.00
	Description of Expenditure
Cito State 0. Zip	check
City Harborace PA Code 16421	Husky Hanvest Run Sponsoship #125

Statement of Expenditures

Filer Identification Number:

Description of Expenditure Description Description of Expenditure Description of Expenditure Description Descripti	THE STATE OF THE PARTY OF THE P	2002 5- Meth. 1506 1		
Description of Expenditure Description of Expenditure Description of Expenditure	To Whom Paid	0010		Date [MM/DD/YYY] 300.00
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Date MM/DD/YYYY S	City _	State	Zip	un signs torsts (final) check #128
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City State Zip Code Date [MM/DD/YYYY]	i wales en rigilia. Vilagonia			Description of Expenditure
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State Zip	House#	Street Address		Description of Expenditure
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Access	LAID TO	Gente	Code	

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:				

Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # Stree	Clark Road Clark Road State DATE DEBT INCURRING [MM/DD/YYYY] 02/01/2017	
Description of Debt	Loan to committee for campaign pun	poses
Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # Street 3030 City	Clark Road Clark Road State PA Code 16	3,000.00
Description of Debt	Loan to committee for campaign pu	
Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # 3030 Stree	Clark Road DATE DEBT INCURRING IMM/DD/YYYYI 04/13/2017	2,000.00
	Ene PA Code 16	510
Description of Debt	Lean to committee for campaign purp	
Name of Creditor	Timothy + Lisa Ferrick	Outstanding Balance of Debt
House # Street 3030 City	Clark Road Clark Road Chark Road State PA Code C	2,000.00 .510
Description of Debt	Loan to committee for campaign pur	Roses
Name of Creditor	TimoThy & Lisa Ferrick	Outstanding Balance of Debt
House # Stree	Erre DATE DEBT INCURR [MM/DD/YYYY] 05/10/2017 State PA Code 14	1, 950.00 510
Description of Debt	Loan to committee for campaign Pi	urposes
Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # Street 3030 Street	et Address Clark Road State DATE DEBT INCURR [MM/DD/YYYY] 05/34/2017	
Description of Debt	Loan to committee for compagn Pl	urposes

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

		0 V		Outstanding Balance of Debt
ame of Creditor	Lisa R. Femi	DAT		S
ar formalis		Road	MM/DD/YYYY]	
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Description of De	Local to com	uitles for campo	argin purpose:	S
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louse#	Street Address		TE DEBT INCURRED	\$
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Dity -		State	Zip Code	0.450 10.20 10.20 10.20 10.20
Description of D	SH	And the state of t	Coucas	
acson the following	M*			
Name of Credito)r.			Outstanding Balance of Debt
House #	Street Address	DA	TE DEBT INCURRED [MM/DD/YYYY]	8
		<u>V.,23488</u>		
City C		State	Zip	
ang Tabus Salah			Gode	<u> </u>
Description of L				Outstanding Balance of Debt
Name of Credit	ran in the second		ATE DEBT INCURRED	**************************************
House#	Street Address		[MM/DD/YYYY]	
		State	Zp	#
City			Code	
Description of	Debt			
Name of Credi				Outstanding Balance of Debt
House#	Street Address	H. aft. D	ATE DEBT INCURRED	5.
			[MM/DD/YYYY]	
City		State	/Zip	
			Code	
Description of	Dept			
Name of Cred	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
		<u> </u>		
City		State	Zip	
Day of the contract of the second second second			Code	[66 2]
Description of	EDGU4			